

Application Data Sheet

Application Information

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|-------------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | 0 |
| Number of Copies of CDs:: | 0 |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | METHOD AND SYSTEM FOR PROCESSING A SOUND FIELD REPRESENTATION |
| Attorney Docket Number:: | 0512-1268 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 0 |
| Total Drawing Sheets:: | 5 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: REMY
Middle Name::
Family Name:: BRUNO
Name Suffix::
City of Residence:: VITRY SUR SEINE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 23 AVENUE EVA SALMON
Address::
City of Mailing Address:: VITRY SUR SEINE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 94400

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ARNAUD
Middle Name::
Family Name:: LABORIE
Name Suffix::
City of Residence:: VITRY SUR SEINE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 24 BIS RUE ARAGO
Address::
City of Mailing Address:: VITRY SUR SEINE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 94400

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: SEBASTIEN
Middle Name::
Family Name:: MONTOYA
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 4 RUE GASTON PINOT
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 75019

Correspondence Information

Correspondence Customer Number:: 00466

Representative Information

| | |
|----------------------------------|-------|
| Representative Customer Number:: | 00466 |
|----------------------------------|-------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|----------------------------|
| This application | National Stage of | PCT/FR/2003/002784 | 9/22/03 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| FRANCE | 02/11739 | 9/23/02 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::